



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Nicolaides et al.

Confirmation No.: **8276**

Application No.: **09/780,675**

Group Art Unit: **1636**

Filing Date: **February 12, 2001**

Examiner: **R. Akhavan**

For: **Methods for Generating Hypermutable Microbes**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

REPLY PURSUANT TO 37 CFR § 1.111

In response to the Official Action dated **September 10, 2003**, reconsideration is respectfully requested in view of the amendments and/or remarks as indicated below:

- Amendments to the Specification** begin on page _____ of this paper.
- Amendments to the Claims** are reflected in the listing of the claims which begins on page 2 of this paper.
- Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet.
- Remarks/Arguments** begin on page 5 of this paper.

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1636

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JC98
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 475)

Complete if Known

Application Number	09/780,675
Filing Date	February 12, 2001
First Named Inventor	Nicholas C. Nicolaides
Examiner Name	R. Akhavan
Art Unit	1636
Attorney Docket No.	001107.00098

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
Order
 Deposit Account:Deposit Account Number
19-0733Deposit Account Name
Banner & Witcoff, LTD.

The Director is authorized to: (check all that apply)

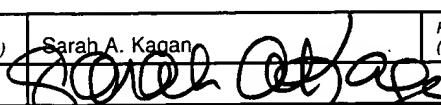
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 475)

** or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Sarah A. Kagan	Registration No. (Attorney/Agent)	32,141	Telephone	202.824.3000
Signature			Date	March 10, 2004	

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